

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107049995**

FILING DATE **20 FEB 2002**

APPLICANT(S) **Santa**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				2			54						
5				2			55						
6				2			56						
7				2			57						
8				2			58						
9				2			59						
10			1				60						
11				1			61						
12				2			62						
13				2			63						
14				2			64						
15				2			65						
16							66						
17							67						
18							68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			24				TOTAL DEP.						
TOTAL CLAIMS			26				TOTAL CLAIMS						

BEST AVAILABLE COPY